

CONNECTICUT HISTORIC STRUCTURES REHABILITATION TAX CREDIT PROGRAM PART 1 APPLICATION: DETERMINATION OF HISTORIC STRUCTURE STATUS

1.	BUI	LDING DATA			OFFICE USE ONLY
-	a.	Building name			Project #
		Address: Street	,		
		Town		Zip _	
	b.	Building is			
		$\hfill\square$ Located in a National Register District, specify:			
		$\ \square$ Located in a State Register District, specify: $\ _$			
		□ Located in a complex individually listed on the	National Register of HistoState Register of Historic		s
		☐ Located in a complex listed as part of a district	on the		
		☐ National Register of Historic Places, specify:			
		☐ State Register of Historic Places, specify:			
	c.	Attachments			-
		 Map showing legal boundary of property as 	: listed		
		 Map showing legal boundary of parcel unde property as listed 		fferent f	rom that of
2.	ow.	NER			
	a.	Name			<u>\</u>
		Title			
		Business Entity			
		Address: Street			
		Town	State	Zip _	
		Telephone #			
		e-mail address			
		Taxpayer SSN, FEIN or Tax Identification Number			
	b.	Attachments			
		☐ Certificate of Title			
		☐ Statement of Authorization to Apply			•

	Are	you applying for tax credits under the federal historic preservation tax incentives program? \Box yes \Box no
	a.	If yes, fill in below:
		Date federal Historic Preservation Certification Application, Part 1 – Evaluation of Significance (Form 10-168) submitted
		Date State Historic Preservation Office Review & Recommendation Sheet (Form 10-168d) signed
		Attachments
		☐ Copy of cover sheet of Form 10-168
		☐ Copy of State Historic Preservation Office Review and Recommendation Sheet (Form 168d)
	b.	If no, provide a statement of historical and architectural significance of the building and date of construction.
		Attachments
		Statement of historical and architectural significance
		□ Photographs
		 Map showing the boundaries of the registered historic district or complex and location of the building
	the i	ereby attest that I am the owner or authorized agent of the owner of the building described above and that information I have provided is, to the best of my knowledge, correct. I understand that falsification of factual esentations in the application may be subject to legal sanctions. The provided is, to the best of my knowledge, correct. I understand that falsification of factual esentations in the application may be subject to legal sanctions. Date
	OFFI	CE USE ONLY
,	The C `Deter	connecticut Commission on Culture & Tourism has reviewed the Part 1 application, rmination of Historic Structure Status," for the above-listed building and has determined that:
[) T	he building qualifies as a certified historic structure.
[) T	he building does not qualify as a certified historic structure. Comments attached.
		Date
		rized signature ecticut Commission on Culture & Tourism

3. STATEMENT OF HISTORICAL AND ARCHITECTURAL SIGNIFICANCE





CONNECTICUT HISTORIC STRUCTURES REHABILITATION TAX CREDIT PROGRAM PART 2 APPLICATION: REQUEST FOR APPROVAL OF PROPOSED REHABILITATION PLAN

1.	BUII a. b.	Building name	Zip	OFFICE USE ONLY Project #
		Or Date Part 1, "Determination of Historic Structure Status," submitted Date approved CCT Project #		
2.	owi	Name		
3. Are		A ON REHABILITATION PROJECT applying for tax credits under the federal historic preservation tax incentives pro	gram? □	yes □ no
a.	Date Par Date	es, fill in below: e federal Historic Preservation Certification Application, t 2 – Description of Rehabilitation (Form 10-168a) submitted e State Historic Preservation Office Review & Recommendation		

b.	If no, fill in below: Project start date (est.)	Project completion o	ate (est.)	-
	Number of phases Time fra	ames		. meri	-
	Preliminary estimated total construction cost	ts			
	Attachments Description of project work Architectural drawings Photographs Other data, specify:				
c.	Other data, specify: Number of residential units: Before: Total square footage	Number that are low	and mo		
4.	After: Total square footage OWNER CERTIFICATION	Square footag	e of non	residential uses	
		orized agent of the owner o est of my knowledge, correct bject to legal sanctions.	f the bui t. I unde	lding described above an	d tha
4.	OWNER CERTIFICATION I hereby attest that I am the owner or authors the information I have provided is, to the be representations in the application may be su	orized agent of the owner o est of my knowledge, correct bject to legal sanctions.	f the bui t. I unde	lding described above an	d tha
	OWNER CERTIFICATION I hereby attest that I am the owner or authorithe information I have provided is, to the be representations in the application may be su Signature	orized agent of the owner of est of my knowledge, correctly to legal sanctions.	f the bui t. I unde Date	Iding described above an rstand that falsification o	d tha
	OWNER CERTIFICATION I hereby attest that I am the owner or author the information I have provided is, to the best representations in the application may be surprised to be supplied to b	orized agent of the owner of the owner of my knowledge, correct object to legal sanctions. Durism has reviewed the Partion Plan," for the above-list oped herein meets the Standars of rehables.	f the buit. I unded to a public design of the build the ards.	Iding described above an instand that falsification of cation, and ing and	d tha
v	OWNER CERTIFICATION I hereby attest that I am the owner or author the information I have provided is, to the best representations in the application may be surpresentations in the application may be surpresentations. Signature OFFICE USE ONLY The Connecticut Commission on Culture & Toward Commission on Cu	orized agent of the owner of the owner of my knowledge, correctiblect to legal sanctions. Durism has reviewed the Partion Plan," for the above-list over the deep the partion of rehabilities of the structure only after the reservoir of the structure of the structu	f the buit. I under Date to 2 applicate build ards. litation cehabilitar	Iding described above an instand that falsification of cation, ing and its completed.	ad that





CONNECTICUT HISTORIC STRUCTURES REHABILITATION TAX CREDIT PROGRAM

PART 3 APPLICATION: REQUEST FOR PRELIMINARY CERTIFICATION AND RESERVATION OF TAX CREDITS

1.	BUILDIN			
	Address		State	Zip
	Date Pa	art 2 application (Request for Appro	oval of Proposed Rehabilitation Plan) app	proved
		Copy of CCT approval of Part 2 am	nendment(s)	
2.	OWNER			
	Tit Bu Ac Te e-I Ta b. Att	lelsiness Entityldress: Streetlephone #	Fax #ation Number	Zip
3.	b. List of a	rces of project financing ttachment 3A federal, state, and/or local land u pproval process.	ise and other development regulatory re	equirements and indicate status

		(3)					
		(4)				Western .	
		(5)				 	
		(6)		· · · · · · · · · · · · · · · · · · ·			
		Attach	ments				
			Certified copy of o	ne or more municipal res	olutions		
			Copy of one or mor	e permits			
			Certified copy of Ce	ertificate of Appropriatene	:SS		
			Letter from federal historic preservatio	agency or State Historic n regulations	Preservation (Office of complianc	e with:
			Other, specify:				
			Other, specify:				· ••
	c.			t consistency with stated istoric preservation, hous			
	d.	Code	compliance requirem	ents			
			☐ Attachment 3B				
4.	a. 1 b	Total str Qualified Amount Attachm	d rehabilitation expen of Tax Credit Reques	ovement costs ditures sted: 25% of Line b edule of Values		10-10-10-10-10-10-10-10-10-10-10-10-10-1	
5.	SUBS	STANTIAL	. REHABILITATION TES	Г			
	a.	Assesse	ed value of certified h	istoric structure			
	b.	25% of	assessed value		<u>_</u>		
	c.	Attachn	nents				
			Certified copy of asse	essment from municipal le	egal records		
6.	OWN	IER CERT	IFICATION				
	that t	he infor	mation I have provide	er or the authorized agent ed is, to the best of my k ication may be subject to	nowledge, cor	rect. I understand	
	Cian-	.hu.a				Data	·
	Signa	iture _				Date	

OF	FICE USE ONLY					
Pre	The Connecticut Commission on Culture & Tourism has reviewed the Part 3 application, "Request for Preliminary Certification and Reservation of Tax Credits" for the above-listed building and has determined that:					
	the certification documentation is in accordance with Section 10-xxx-9 of the Regulations of Connecticut State Agencies pursuant to PA 06-186 section 82					
	the total qualified rehabilitation expenditures meets the substantial rehabilitation test under PA 06-186 section 82					
In a	accordance with Section 10-xxx-10 of the Regulations of Connecticut State Agencies pursuant to					
PA (PA 06-186 section 82, a Reservation of Tax of Credits has been approved for state fiscal year					
in th	ne amount of A numbered Reservation Certificate is attached.					
	Date					

Authorized signature Connecticut Commission on Culture & Tourism



CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM

ATTACHMENT 3A: SOURCES OF PROJECT FINANCING

Source	Type of Funds	Name of Program and Agency	Amount
Federal			
	1.		
andre State (1964) All State (1964) All State (1964)	2		
	3		
State			
en Parlamento Anton Perlamento Establishen	1		
ilian pinanga. Pangganakan Panggalakan	2		
	3		
Municipal			
	1		
	2		
Private		and the state of t	
	1		
	2		
	3		
	4		
		TOTAL	





CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM

ATTACHMENT 3B: CODE REQUIREMENTS

	Type of code	Code Requirement	Citation	Status of Approvals
1				
2				
3				
4				
5				
6				



CONNECTICUT HISTORIC STRUCTURES REHABILITATION TAX CREDIT PROGRAM

ATTACHMENT 3C: SCHEDULE OF VALUES (COST BREAKDOWN)

1	2	3	4	5	6	7
LINE	DIV	DIV/TRADE ITEM	INELIGIBLE	ELIGIBLE	TOTAL EXPENSE	INCURRED PRIOR TO PART 2 APPROVAL
1	2	SITE TESTING/HAZARDOUS MATERIALS				
2	2	ENVIRONMENTAL REMEDIATION: SITE		a respect about the		
3	2	ENVIRONMENTAL REMEDIATION: CERTIFIED HISTORIC STRUCTURE ¹ SITE GRADING & EXCAVATION ²				
4	2	<u> </u>				
5	2	OTHER SITE WORK ³ specify				
6	2	LANDSCAPING ⁴				
7	2	SURFACE PARKING, ROADS AND WALKWAYS		10 mm		100
8	2	GARAGES/ STRUCTURED PARKING FACILITY				
9	2	DEMOLITION: SEPARATE BUILDINGS AND/OR STRUCTURES				Account to the
10	2	DEMOLITION: GENERAL 5				
11	2	DEMOLITION: SELECTIVE 6				
12	2	SITE UTILITIES				
13	3	NEW CONCRETE 7				
14	3	CONCRETE REPAIRS				
15	4	MASONRY NEW, REPAIR and REPOINTING				
16	4	CONCRETE/MASONRY CLEANING:				
17	5	METALS				

 $^{^{\}rm 1}$ Includes abatement of hazardous materials, termite control, or mold

² Eligible work only if in conjunction with approved addition for building or life-safety code

³ Includes hydrology systems and retaining walls

⁴ Includes lawns, plantings, and fencing

⁵ Includes all work to a certified historic structure required to remove deteriorated materials

⁶ Includes only costs associated with approved removal of sections of the building owning to documented structural failure or for the purpose of new construction to recreate documented historic appearance

⁷ Line items Nos. 13 through 17 refer only to work to the certified historic structure

LINE	DIV	DIV/TRADE ITEM	INELIGIBLE	ELIGIBLE	TOTAL EXPENSE	INCURRED PRIOR TO PART 2 APPROVAL
18	6	ROUGH CARPENTRY				
19	6	FINISH CARPENTRY	adamentikan periodera Adamentikan			
20	7	MOISTURE PROTECTION	all out that			
21	7	INSULATION				
22	7	ROOFING	MESTERNIS CONTRACTOR			
23	7	SHEET METAL				
24	7	SIDING (INCLUDES REMOVAL OF NON-HISTORIC, REPAIR, REPLACEMENT)				
25	8	DOORS AND HARDWARE				
26	8	WINDOWS AND GLAZING	Militario de Militario Militario de Militario de Militari			
27	9	ACOUSTICAL TILE				
28	9	DRYWALL				
29	9	CERAMIC TILE		42 Market		
30	9	WOOD FLOORING				
31	9	RESILIANT FLOORING				
32	9	CARPETING		80 00 00 00 00 00 00 00 00 00 00 00 00 0		
33	9	PAINTING (INTERIOR AND EXTERIOR)				
34	10	SPECIALTIES				
35	11	CABINETS & VANITIES	all mercons			
36	11	APPLIANCES		唐 柳暮春春		
37	12	BLINDS, SHADES, AND ARTWORK				
38	13	SPECIAL CONSTRUCTION: SEPARATE NEW BUILDINGS				
39	13	ADDITION: NON-CODE REQUIRED				
40	13	ADDITION: CODE REQUIRED				
41	13	ADDITION: HANDICAPPED ACCESS		26.000		
42	13	NEW CONSTRUCTION: RECONSTRUCTION				
43	15	ELEVATORS				1
44	15	PLUMBING	ale de deside			
45	15	HVAC				
46	15	FIRE SUPPRESSION				

				÷	
47	16	ELECTRICAL (BUILDING ONLY)			
48		RENTAL EQUIPMENT, specify: 8			
49		GREEN ROOFS			
50	TOTAL S	TRUCTURE AND LAND IMPROVEMENTS in 6			
51	PERMIT	S AND FEES		a decide	
52	CONTRA	CTOR BOND PREMIUM		Account appropriate programme	
53		CONSTRUCTION COSTS			
54		of LINES 50-52 NELIGIBLE COSTS: Column 4			
55	TOTAL E	ELIGIBLE COSTS: Column 5	10000		
56		LIGIBLE COSTS INCURRED PRIOR TO APPROVAL: Column 7			
RE	SIDENT	IAL ONLY			
57		LIGIBLE COSTS			
58		55 minus LINE 56 L REQUIREMENTS and BUILDER'S			
	OVERHE LINE 57	AD AND PROFIT: Not to exceed 15% of			
59	TOTAL	QUALIFIED REHABILITATION DITURES			
		of LINES 57 and 58			
RE	SIDENT	TAL AND NON-RESIDENTIAL	ONLY 9		
60	EXISTIN	G BUILDING SQUARE FOOTAGE			
61		JARE FOOT REHABILITATION COSTS 57 divided by LINE 60			
62		SIDENTIAL SQUARE FOOTAGE			
63		SIDENTIAL REHABILITATION COSTS			
64		51 multiplied by LINE 62 LIGIBLE COSTS			
	LINE	57 minus LINE 63			
65		L REQUIREMENTS and BUILDER'S AD AND PROFIT			
	Not to	exceed 15% of LINE 64			
66	EXPEN	QUALIFIED REHABILITATION DITURES 64 and 65			
	L1 1 L	O FORM OJ	I		

 $^{^{8}}$ Includes dumpsters, scaffolding etc.

⁹ Non-residential costs do not qualify as "qualified rehabilitation expenditures."

FORM PR	EPARED	FOR:				
PROPERTY:	NAME; _					
	ADDRESS:	STREET				_
		TOWN			STATE	ZIP
CCT PROJEC	т#					
OWNER:	NAME					
	BUSINESS	ENTITY			*****	-
	ADDRESS:	STREET				
		TOWN			STATE	ZIP
NAME			ES 1-55, COLUI			
BUSINESS O	RGANIZATIO	ON				
ADDRESS:	STREET _					
	TOWN _			STATE	ZIP CODE	_
TELEPHONE	#					
CT LICENSE	#					
				•		
I hereby c	ertify tha	t the informa	ion I have provic	led on construct	tion costs is, to the be	st of my knowledge,
SIGNED					DATE	





CONNECTICUT HISTORIC STRUCTURES REHABILITATION TAX CREDIT PROGRAM PART 4 APPLICATION: REQUEST FOR FINAL CERTIFICATION OF COMPLETED REHABILITATION

1.	BUI	BUILDING DATA	
	Add	Address: Street	
		Town State	Zip
		CCT Project #	
		Date Part 2 application (Request for Approval of Proposed Rehabilitation Plan) appro	
	Dat	Date of tax credit reservation CCT Reservation # _	- Milyana au
	Atta	Attachments: Copy of CCT approval of Part 2 amendment(s)	
2.	ow	OWNER	
	a.	a. Name	
		Title	
		Business Entity	
		Address: Street	
		Town State	
		Telephone # Fax #	
		e-mail address Taxpayer SSN, FEIN or Tax Identification Number	
		Taxpayer 3314, 1214 of Tax Identification Number	_
	b.		ţ.
		☐ Certificate of Title	
		☐ Statement of Authorization to Apply	
	דאת	DATA ON REHABILITATION PROJECT	
J.	ואט		
	a.	• •	
		☐ entire certified historic structure or ☐ phase of phase	ases
	b.	b. Date rehabilitation completed and placed in service	<u></u>
		Number of residential units placed in service	
		Square footage of "identifiable portion of building" placed in service	
	c.	c. Attachments	
		Copy of Certificate of Occupancy	
		□ Photographs	
-	•		

. 0	VNER CERTIFICATION
H th kr	nereby apply for certification of completed rehabilitation work for purposes of the State of Connecticut storic Structures Rehabilitation Tax Credit Program. I hereby attest that I am the owner or authorized agent e owner of the building described above and that the information I have provided is, to the best of my owledge, correct. I understand that falsification of factual representations in the application may be subject legal sanctions.
S	gnature Date
0	FICE USE ONLY
"Re	c Connecticut Commission on Culture & Tourism has reviewed the Part 4 application, quest for Final Certification of Completed Rehabilitation," for the above-listed building and address determined that:
	The completed rehabilitation meets the Standards.
	The completed rehabilitation does not meet the <i>Standards</i> . Comments attached.
	Tax credit reservation # is hereby canceled.
	Date
	horized signature nnecticut Commission on Culture & Tourism



CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM PART 5 APPLICATION: REQUEST FOR ISSUANCE OF TAX CREDIT VOUCHER

1.	BUILDI	ng data		
	Addres	S: Street	State	
	CCT Pr	oject #		
	Date	Part 4 application (Request for Final Certification of C	Completed Rehabilitation	approved
	Date R	eservation Certificate issued	Amount	
	Reserv	ation Certificate #		
	Attachi	ments		
		Copy of CCT approval of Part 4 application		
		Copy of Reservation Certificate		
2.	OWNED	R OF RECORD	•	
۷.				
		ame (if individual)		
		usiness Entity		~
	Ad	ddress: Street		_
		Town	State	
	Te	elephone #	Fax #	
	— е-	mail address	_	
	Ta	expayer SS, FEIN or Tax Identification Number		, · · · · · · · · · · · · · · · · · · ·
	b. At	tachments		
		□ Certificate of Title		
		☐ Certificate of Legal Existence		
3.	DATA O	N REHABILITATION PROJECT		
	a. Th	nis application covers		
	0	••	e of pha	ises
	_	·		
	b. Qu	alified rehabilitation expenditures		
	c. Tax	credit voucher request (25% of line b)		
	Amo	ount of prior tax credit voucher (s)	Date issu	ued
	Vou	ıcher #		

ASSIGNMENT OF TAX CREDIT VOUCHER Check as applicable: I hereby request that the tax credit voucher for the above-listed historic property be assigned to the individual named as the owner of record in item #2. I hereby request that the tax credit voucher be issued in the name of the business entity named as the owner of record in item #2. I hereby request that the tax credit voucher for the above-listed historic property be assigned to one more contributing taxpayers named below: Name of Corporation Address: Street Town State Zip Telephone # Taxpayer FEIN or CT Tax Registration Number Percentage (or dollar value) of total tax credit Name of Corporation Address: Street Town State Zip Telephone # Taxpayer FEIN or CT Tax Registration Number Percentage (or dollar value) of total tax credit Name of Corporation Address: Street Town State Zip Telephone # Taxpayer FEIN or CT Tax Registration Number Percentage (or dollar value) of total tax credit I hereby request that the tax credit voucher for the above-listed property be assigned to one or more multiple owners named below: Name of individual or business entity Address: Street Town State Zip Town State Zip	☐ Attachment 5A: Schedule of Values - Incurred	Costs	
I hereby request that the tax credit voucher for the above-listed historic property be assigned to the individual named as the owner of record in item #2. I hereby request that the tax credit voucher be issued in the name of the business entity named as the owner of record in item #2. I hereby request that the tax credit voucher for the above-listed historic property be assigned to one more contributing taxpayers named below: Name of Corporation Address: Street Town State Zip Telephone # Taxpayer FEIN or CT Tax Registration Number Percentage (or dollar value) of total tax credit Name of Corporation Address: Street Town State Zip Telephone # Taxpayer FEIN or CT Tax Registration Number Percentage (or dollar value) of total tax credit Name of Corporation Address: Street Town State Zip Telephone # Taxpayer FEIN or CT Tax Registration Number Percentage (or dollar value) of total tax credit Name of Corporation Address: Street Town State Zip Telephone # Taxpayer FEIN or CT Tax Registration Number Percentage (or dollar value) of total tax credit I hereby request that the tax credit voucher for the above-listed property be assigned to one or more multiple owners named below: Name of individual or business entity Address: Street Town State Zip Town State Zip	ASSIGNMENT OF TAX CREDIT VOUCHER		
individual named as the owner of record in item #2. I hereby request that the tax credit voucher be issued in the name of the business entity named as the owner of record in item #2. I hereby request that the tax credit voucher for the above-listed historic property be assigned to ownore contributing taxpayers named below: Name of Corporation	Check as applicable:		
the owner of record in item #2. I hereby request that the tax credit voucher for the above-listed historic property be assigned to one more contributing taxpayers named below: Name of Corporation		ove-listed historic pro	perty be assigned to the
Name of Corporation		in the name of the bu	usiness entity named as
Address: Street		ove-listed historic pro	perty be assigned to one
Town State Zip	Name of Corporation		
Telephone #	Address: Street		
Taxpayer FEIN or CT Tax Registration Number Percentage (or dollar value) of total tax credit Name of Corporation Address: Street Town State Zip Telephone # Taxpayer FEIN or CT Tax Registration Number Percentage (or dollar value) of total tax credit Name of Corporation Address: Street Town State Zip Telephone # Taxpayer FEIN or CT Tax Registration Number Percentage (or dollar value) of total tax credit I hereby request that the tax credit voucher for the above-listed property be assigned to one or monmultiple owners named below: Name of individual or business entity Address: Street Town State Zip State Zip	Town	State	Zip
Percentage (or dollar value) of total tax credit Name of Corporation Address: Street Town State Zip Telephone # Taxpayer FEIN or CT Tax Registration Number Percentage (or dollar value) of total tax credit Name of Corporation Address: Street Town State Zip Telephone # Taxpayer FEIN or CT Tax Registration Number Percentage (or dollar value) of total tax credit I hereby request that the tax credit voucher for the above-listed property be assigned to one or mor multiple owners named below: Name of individual or business entity Address: Street Town State Zip Town State Zip	Telephone #		
Name of Corporation Address: Street Town State Zip Telephone # Taxpayer FEIN or CT Tax Registration Number Percentage (or dollar value) of total tax credit Name of Corporation Address: Street Town State Zip Telephone # Taxpayer FEIN or CT Tax Registration Number Percentage (or dollar value) of total tax credit I hereby request that the tax credit voucher for the above-listed property be assigned to one or mor multiple owners named below: Name of individual or business entity Address: Street Town State Zip	Taxpayer FEIN or CT Tax Registration Number		
Address: Street	Percentage (or dollar value) of total tax credit		_
Town State Zip Telephone #			
Telephone #			
Taxpayer FEIN or CT Tax Registration Number Percentage (or dollar value) of total tax credit Name of Corporation Address: Street Town State Zip Telephone # Taxpayer FEIN or CT Tax Registration Number Percentage (or dollar value) of total tax credit I hereby request that the tax credit voucher for the above-listed property be assigned to one or more multiple owners named below: Name of individual or business entity Address: Street Town State Zip		State	Zip
Percentage (or dollar value) of total tax credit Name of Corporation Address: Street Town State Zip Telephone # Taxpayer FEIN or CT Tax Registration Number Percentage (or dollar value) of total tax credit I hereby request that the tax credit voucher for the above-listed property be assigned to one or more multiple owners named below: Name of individual or business entity Address: Street Town State Zip Town State Zip			•
Name of Corporation Address: Street			
Address: Street State Zip Town State Zip Telephone # Taxpayer FEIN or CT Tax Registration Number Percentage (or dollar value) of total tax credit I hereby request that the tax credit voucher for the above-listed property be assigned to one or more multiple owners named below: Name of individual or business entity Address: Street Town State Zip	Percentage (or dollar value) of total tax credit		
Town State Zip Telephone # Taxpayer FEIN or CT Tax Registration Number Percentage (or dollar value) of total tax credit I hereby request that the tax credit voucher for the above-listed property be assigned to one or more multiple owners named below: Name of individual or business entity Address: Street Town State Zip	Name of Corporation		
Telephone # Taxpayer FEIN or CT Tax Registration Number Percentage (or dollar value) of total tax credit I hereby request that the tax credit voucher for the above-listed property be assigned to one or more multiple owners named below: Name of individual or business entity Address: Street State Zip	Address: Street		_
Taxpayer FEIN or CT Tax Registration Number Percentage (or dollar value) of total tax credit I hereby request that the tax credit voucher for the above-listed property be assigned to one or more multiple owners named below: Name of individual or business entity Address: Street Town State Zip	Town	State	Zip
Percentage (or dollar value) of total tax credit I hereby request that the tax credit voucher for the above-listed property be assigned to one or more multiple owners named below: Name of individual or business entity Address: Street Town State Zip	Telephone #		
I hereby request that the tax credit voucher for the above-listed property be assigned to one or more multiple owners named below: Name of individual or business entity Address: Street Town State Zip	Taxpayer FEIN or CT Tax Registration Number		Name and Address of the Control of t
Mame of individual or business entity Address: Street Town State Zip	Percentage (or dollar value) of total tax credit		<u>—</u>
Address: Street Town State		ove-listed property be	assigned to one or more
Town State Zip	Name of individual or business entity		
Town State Zip			
	Percentage (or dollar value) of total tax credit		****

d. Attachments

4.

□ Certification of Costs

	business entity		1, 144
			_
Town		State	Zip
Telephone #			
Taxpayer SS, FEIN or	CT Tax Registration Number		<u> </u>
Percentage (or dollar	value) of total tax credit		<u> </u>
Name of individual or	r business entity		
	•		
			<u> </u>
•	CT Tax Registration Number		
	value) of total tax credit		· ·
			_
Additional pages attached			
5. OWNER CERTIFICATION			
I hereby attest that I am t	the owner or authorized agent of	the owner of the abo	ve-listed building and
that the information I have	e provided is, to the best of my l the application may be subject to	knowledge, correct. Ι ι	
Signature)ate
Hue	NATIONAL L		
Attachment			
☐ Statement of Author	rization to Apply		
OFFICE USE ONLY			
	Amount \$	Date of is	ssuance
Tax credit voucher #	Amount \$	Date of is	ssuance
Tax credit voucher #		Date of is	ssuance
Tax credit voucher #	Amount \$	Date of is	ssuance



CONNECTICUT HISTORIC STRUCTURES REHABILITATION TAX CREDIT PROGRAM ATTACHMENT 5A: SCHEDULE OF VALUES (COSTS INCURRED)

1	2	3	4	5	6	7
LINE	DIV	DIV/TRADE ITEM	INELIGIBLE	ELIGIBLE	TOTAL EXPENSE	INCURRED PRIOR TO PART 2 APPROVAL
1	2	SITE TESTING/HAZARDOUS MATERIALS				
2	2	ENVIRONMENTAL REMEDIATION: SITE				
3	2	ENVIRONMENTAL REMEDIATION: CERTIFIED HISTORIC STRUCTURE ¹				"
4	2	SITE GRADING & EXCAVATION ²				
5	2	OTHER SITE WORK ³ specify				
6	2	LANDSCAPING ⁴				
7	2	SURFACE PARKING, ROADS AND WALKWAYS			1 5	18 2 Del 17
8	2	GARAGES/ STRUCTURED PARKING FACILITY				
9	2	DEMOLITION: SEPARATE BUILDINGS AND/OR STRUCTURES				
10	2	DEMOLITION: GENERAL 5				
11	2	DEMOLITION: SELECTIVE ⁶				
12	2	SITE UTILITIES				
13	3	NEW CONCRETE 7				
14	3	CONCRETE REPAIRS				
15	4	MASONRY NEW, REPAIR and REPOINTING	Carlos Carlos			
16	4	CONCRETE/MASONRY CLEANING:				
17	5	METALS				
18	6	ROUGH CARPENTRY				

 $^{^{\}mathbf{1}}$ Includes abatement of hazardous materials, termite control, or mold

² Eligible work only if in conjunction with approved addition for building or life-safety code

³ Includes hydrology systems and retaining walls

⁴ Includes lawns, plantings, and fencing

⁵ Includes all work to a certified historic structure required to remove deteriorated materials

⁶ Includes only costs associated with approved removal of sections of the building owning to documented structural failure or for the purpose of new construction to recreate documented historic appearance

⁷ Line items Nos. 13 through 17 refer only to work to the certified historic structure

LINE	DIV	DIV/TRADE ITEM	INELIGIBLE	ELIGIBLE	TOTAL EXPENSE	INCURRED PRIOR TO PART 2 APPROVAL
19	6	FINISH CARPENTRY	aliane di Braini Refraissippi			
20	7	MOISTURE PROTECTION				
21	7	INSULATION				
22	7	ROOFING				
23	7	SHEET METAL				
24	7	SIDING (INCLUDES REMOVAL OF NON- HISTORIC, REPAIR, REPLACEMENT)				
25	8	DOORS AND HARDWARE				
26	8	WINDOWS AND GLAZING				
27	9	ACOUSTICAL TILE				
28	9	DRYWALL				
29	9	CERAMIC TILE				
30	9	WOOD FLOORING				
31	9	RESILIANT FLOORING				
32	9	CARPETING	Maria de la lación de lac			
33	9	PAINTING (INTERIOR AND EXTERIOR)				
34	10	SPECIALTIES				
35	11	CABINETS & VANITIES				
36	11	APPLIANCES		dinasa di Karata		
37	12	BLINDS, SHADES, AND ARTWORK				
38	13	SPECIAL CONSTRUCTION: SEPARATE NEW BUILDINGS				
39	13	ADDITION: NON-CODE REQUIRED				
40	13	ADDITION: CODE REQUIRED				
41	13	ADDITION: HANDICAPPED ACCESS				
42	13	NEW CONSTRUCTION: RECONSTRUCTION				
43	15	ELEVATORS				
44	15	PLUMBING				
45	15	HVAC				
46	15	FIRE SUPPRESSION				
47	16	ELECTRICAL (BUILDING ONLY)	and and an arministration of the contract of t			
48		RENTAL EQUIPMENT, specify: 8				
			ner aller kelles i s Hill kelles die ges Aller es			
	<u> </u>					

⁸ Includes dumpsters, scaffolding etc.

LINE	DIV	DIV/TRADE ITEM	INELIGIBLE	ELIGIBLE	TOTAL EXPENSE	INCURRED PRIOR TO PART 2 APPROVAL
49		GREEN ROOFS				
50	TOTAL S Colum	TRUCTURE AND LAND IMPROVEMENTS n 5				
51	PERMIT	S AND FEES				
52	CONTRA	CTOR BOND PREMIUM				
53		L REQUIREMENTS and CONTRACTOR AD and PROFIT				
54		CONSTRUCTION COSTS of LINES 50-53				
55	TOTAL I Colum	NELIGIBLE COSTS: n 3				
56	TOTAL E	ELIGIBLE COSTS: n 4				
57		COSTS INCURRED PRIOR TO APPROVAL C 2 APPLICATION: Column 6				
PH	ASED P	ROJECTS ONLY				
58		ELIGIBLE COSTS: 56 minus LINE 57				
59		G BUILDING SQUARE FOOTAGE 9				
60		FOOTAGE COSTS TO DATE: 58 divided by LINE 59				
61		FOOTAGE OF RESIDENTIAL PLACED IN				
62		COSTS: LINE 60 multiplied by LINE 61				